Department of Labor and Industries Employment Standards Program Farm Labor Contracting Section PO Box 44511

Olympia WA 98504-4511 Phone (360) 902-5315 Fax (360) 902-5300 www.lni.wa.gov/scs



DEPARTMENT OF EMPLOYMENT SECURITY TAX COMPLIANCE CERTIFICATION

for Registered Farm Labor Contractors

Business Name:	Employer Identification Number (EIN):
DBA (Doing Business As), if applicable:	Type of Business: [Mark one box and list Social Security Number or Tax ID Number]
Address: [List Street/PO Box, City, Zip Code]	
	Sole Proprietor \square Partnership \square
	Corporation \Box
	Other (Specify)
Master Business License Unified Business Identifier Number (UBI):	
(CBI).	Daytime Telephone Number:
Contact Name and Title:	()
Name	Fax Number:
U. S. DEPARTMENT OF LABOR (USDOL) information	[Mark one box and enter information, if applicable]
Are you required to have a federal Farm Labor Contractor License	?
Yes If "Yes", what is the number?:	Expiration Date:
No 🗖	
[This section to be completed in full by	Below This Line y EMPLOYMENT SECURITY staff <u>only</u> .]
Do Not Write I [This section to be completed in full by DEPARTMENT OF EMPLOYMENT SECURITY CER	Below This Line y EMPLOYMENT SECURITY staff <u>only</u> .]
Do Not Write I [This section to be completed in full by	Below This Line y EMPLOYMENT SECURITY staff only.] FIFICATION [Mark one box and enter information, if applicable]
Do Not Write I [This section to be completed in full by DEPARTMENT OF EMPLOYMENT SECURITY CER* In Compliance Taxes current through: month	Below This Line y EMPLOYMENT SECURITY staff <u>only</u> .]
Do Not Write I [This section to be completed in full by DEPARTMENT OF EMPLOYMENT SECURITY CER' In Compliance Taxes current through: month Not In Compliance	Below This Line y EMPLOYMENT SECURITY staff only.] TIFICATION [Mark one box and enter information, if applicable] day year
Do Not Write I [This section to be completed in full by DEPARTMENT OF EMPLOYMENT SECURITY CER* In Compliance Taxes current through: month	Below This Line y EMPLOYMENT SECURITY staff only.] TIFICATION [Mark one box and enter information, if applicable] day year
Do Not Write I [This section to be completed in full by DEPARTMENT OF EMPLOYMENT SECURITY CER* In Compliance Taxes current through: month Not In Compliance Signature of Emp. Sec. Certifying Official: Title:	Below This Line y EMPLOYMENT SECURITY staff only.] FIFICATION [Mark one box and enter information, if applicable] day year Date:
Title: Do Not Write In This section to be completed in full by	Below This Line y EMPLOYMENT SECURITY staff only.] TIFICATION [Mark one box and enter information, if applicable] day year